

## **MidMichigan Health**

Dear Student:

The Bernard F. and Melissa Anne Bailey Family Fund is a student scholarship program administered by MidMichigan Medical Center—Midland funded through a gift from The Bernard F. and Melissa Anne Bailey Family Fund.

Scholarships are given to students in health care fields on the basis of merit and established criteria as determined by an overseer committee.

The committee meets as needed to review all applications. If a personal interview is necessary, we will contact you to set up an appointment. All candidates will be notified by letter of the committee's final decision.

In order for the committee to fully evaluate your qualifications, please complete the enclosed application form. It's important that you read the criteria and attach all necessary forms to your application.

Applications are being accepted between November 1, 2008 and February 15, 2010. **YOUR COMPLETE APPLICATION MUST BE RECEIVED BY MAIL AND POST-MARKED NO LATER THAN FEBRUARY 15, 2010.**

**It's important that you READ AND SUBMIT all the required documentation.**

**You will receive a letter after your application is received telling you whether the information you submitted is correct. If you are missing any documentation, your letter will tell you what you need to send. Please mail your scholarship on a timely basis to avoid any difficulties with missing information. No applications or missing information will be accepted after the deadline date.**

Please mail completed application **with ALL requested documentation to:**

Mary Griswold, Scholarship Coordinator  
The Bernard F. and Melissa Anne Bailey Family Fund  
MidMichigan Medical Center—Midland  
4005 Orchard Drive  
Midland, MI 48670  
(989) 839-3126  
Mary.griswold@midmichigan.org

**The Bernard F. and Melissa Anne Bailey Family Fund  
2010 SCHOLARSHIP APPLICATION**

**ANNUAL APPLICATION REQUIREMENTS**

**PLEASE READ CAREFULLY!**

Even if you submitted an application last year, a copy of your acceptance letter and most recent transcripts and GPA must be re-submitted.

- ↓ You must be **accepted in an accredited “clinical” health care curriculum/program** in one of the following fields of study. Students in the pre-program stage and not yet accepted into their program of study are not eligible.
  - Registered Nurse
  - Bachelor of Science in Nursing
  - Masters of Science in Nursing
  - Medical Doctor
  - Doctor of Osteopathy
  - Doctor of Optometry
  - PhD in Physical Therapy
  - Masters in Speech Therapy
  - Certified Registered Nurse Anesthetist
  - Bachelor of Science in Social Work
  - Medical Technician (Laboratory)
  - Medical Assistant
  - Occupational Therapy
  - Doctor of Pharmacy
  - Physician Assistant
  - Radiology Technician
  - Respiratory Therapy
  - Sonography
  - Speech Therapy
  - Nuclear Medicine
- ↓ You must submit a copy of your acceptance letter from your school showing admittance into your accredited clinical health care curriculum/program.
- ↓ You must submit a copy of your most recent semester grades and a cumulative GPA. Your cumulative GPA must be 3.0 or higher.
- ↓ You must be a resident or have family living in the mid-Michigan area. (*Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Montcalm, Ogemaw, Roscommon and Saginaw county*)
- ↓ If this is your first application for a Bailey Scholarship you must attach a professional reference letter.
- ↓ Your application, reference letter, previous semester grades, acceptance letter into your curriculum, and cumulative GPA must be **submitted in full** no later than February 15, 2010.
- ↓ Reference letter does not have to be sealed and grades can be a copy as long as they include your name and cumulative GPA.
- ↓ Please make sure your e-mail address listed on the application is legible.
- ↓ All eligible applicants, (excluding MidMichigan Health employees) prior to distribution of any funds must have a criminal background check for reporting purposes only.
- ↓ Please remember to sign the Consent Form attached to the application and return it with your application.

**The Bernard F. and Melissa Anne Bailey Family Fund  
2010 SCHOLARSHIP APPLICATION**

DATE \_\_\_\_\_

\_\_\_\_\_ New Application  
\_\_\_\_\_ Renewal

**PERSONAL INFORMATION**

*- Please Print Legibly -*

Name: \_\_\_\_\_

Your Home Address \_\_\_\_\_  
City State Zip

Your Address at School \_\_\_\_\_  
City State Zip

Your Student ID Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Your Current Occupation \_\_\_\_\_

Your Current Employer \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**FAMILY INFORMATION**

Father  
 Living  Deceased  Unknown

Mother  
 Living  Deceased  Unknown

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Resides in \_\_\_\_\_  
(city)

Resides in \_\_\_\_\_  
(city)

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**EDUCATION**

What year did you graduate from high school? \_\_\_\_\_

Are you currently attending college?  YES  NO

I am studying to be a \_\_\_\_\_

Name of my college \_\_\_\_\_

- Have you applied for and been accepted into your accredited clinical healthcare curriculum/program?  
 Yes / and I've attached a copy of my schools letter showing I've been accepted
  
- What degree will you be awarded upon successful completion of your program? \_\_\_\_\_
  
- What is your estimated date of graduation when you will be completely finished with school and earn your desired degree? \_\_\_\_\_
  
- Does anyone in your immediate family work for MidMichigan Health?  
 Yes, my relative's name is \_\_\_\_\_  
 No, I have no relatives that work for MidMichigan Health.

**YOUR EDUCATION COSTS FOR ONE (1) YEAR**

What estimated amount do you need in tuition, books and fees for 1 year of study? (12 months)

\$ \_\_\_\_\_ (please do not submit verification of this dollar amount)

Please list recent (within the last 1 year) volunteer community involvement.

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**SCHOLARSHIP PAYMENT PROCESS: TWO STEPS**

***Please read these instructions carefully. Failure to follow these payment steps will result in a delay should you be awarded a scholarship.***

1. The check will be made payable to your school and must include your schools payable address.
2. Therefore we need the **correct payable address**.
3. Some schools have different addresses for each area of study.
4. If the address you give us is incorrect, you will need to return the check for re-printing which will cause a delay in receiving your funds.

Name of your school \_\_\_\_\_

Your schools **payable address** is \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**After the check has been made payable to your school it will be mailed to the address you specify below. It is your responsibility to deliver the check to your school for proper credit to your account.**

Please mail the check to my home address listed on this application.

Please mail the check to my school address listed on this application.

**BEFORE YOU MAIL YOUR APPLICATION  
DOUBLE-CHECK TO MAKE SURE YOU'VE INCLUDED**

- your application with all information submitted
  - your most recent transcript including your most recent GPA
  - a copy of your acceptance letter into your healthcare program
  - the signed background check consent form (not necessary if you are an employee of MidMichigan Health)
  - one reference letter ( ONLY if first time applicant)
  - the correct school mailing address for your area of study
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**These items must ALL be received no later than the final deadline date.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Do we have your permission to publish your name and area of study for purposes of promoting the Bailey Scholarship Program should you be awarded scholarship money?

Yes

No

